



SOUTHWEST WASHINGTON HEALTH DISTRICT

Clark County Health Center
1950 Fort Vancouver Way
Vancouver WA 98663
(360) 397-8001
Fax (360) 397-8084

Skamania County Health Center
683 Rock Creek Drive
Stevenson WA 98648
(509) 427-5138
Fax (509) 427-5272

TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION

IF YOU ARE GOING TO MAIL IN THIS APPLICATION:

1. Complete both pages of information
2. Mail in this application at least **ONE MONTH IN ADVANCE** of the event
3. Make your check payable to: *SOUTHWEST WASHINGTON HEALTH DISTRICT*
4. Mail to : Southwest Washington Health District
P.O. Box 1870
Vancouver, WA 98663

IF YOU ARE GOING TO PAY FOR THIS PERMIT AT THE HEALTH DEPARTMENT:

1. You will need to know the information on this page **and** YOU WILL HAVE TO FILL OUT THIS INFORMATION ON THE PERMIT FORM AT THE COUNTER.
2. You may choose to complete page 2 before you come in to the counter.
3. You must apply and pay for this permit at least **5 WORKING DAYS IN ADVANCE** of the event.
4. Apply in person for the permit at:

Southwest Washington Health District
Environmental Health
1950 Fort Vancouver Way, Suite B
Vancouver, Washington
Office hours: **Monday – Friday 8:00am to 4:30 pm**

Name of Concession _____
Owner or Organization _____
Person in Charge of Concession _____ Phone No. _____

Name of Event _____
Date of Event _____ Hours of Food Sales _____ AM to PM _____
Event Location and Address _____
Event Coordinator _____ Phone No. _____

I understand that all food for this event must be prepared on-site on the day of the event or in a Health District licensed kitchen.

Signature of Applicant _____

Print Applicant Name _____

PERMIT SHOULD BE MAILED TO:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE LIST BELOW ALL FOOD THAT WILL BE SERVED TO THE PUBLIC FROM THIS TEMPORARY FOOD ESTABLISHMENT. Include ice and water supply. Contact the Health Department if you make any changes.

Food Item	Supplier	Final cooking temperature	On-site Preparation		How served?	
			Yes	No	Hot	Cold

A hand wash station must be set up before any food preparation begins.

- Will the hand wash station be a thermos with warm water, a catch bucket for dirty water, soap dispenser and paper towels? If not, please describe.
- There can be no bare hand contact with ready to eat food, will there be gloves available for food workers to use?
- What equipment/units will be used to cook food?
- What equipment will you have to keep food hot?
- How will you protect the public from the above cooking or hot holding units (i.e. grills, fryers, steam tables)?
- What equipment will you have to keep food cold?
- Will you have refrigerator thermometers in all ice chests and refrigerators?
- Describe how you will prevent cross contamination (i.e. A separate ice chest that will only be used to store the raw meat.)
- Will you have a metal stem thermometer with a range from at least 0°F to 220° F? You **CAN NOT** use a glass candy thermometer or a roast thermometer. It does not have this range.
- Will your food booth/ concession be inside a building? Yes _____ No _____ If no,
What is the overhead covering or roofing?
What is the ground covering/surfacing?
- Will you have a bucket with 1 tsp. bleach per one gallon of water and a clean towel for sanitizing?
- Where will the wastewater be disposed?

One person must be on site at all times with a valid Washington State Food and Beverage Worker Card.

Name of this person (s) _____

I have read and understand the Temporary Food Establishment Information pamphlet and agree to follow the requirements stated.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Date _____ ENC # _____ Paid \$ _____ Received By _____